

ALABAMA FORESTRY COMMISSION

APPLICATION FOR PRESCRIBED BURN MANAGER CERTIFICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Telephone Home: \_\_\_\_\_

e-mail Address: \_\_\_\_\_ Business: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Prescribed Burning Certification Training: (Attach proof of attendance)

Course: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

Attach proof of required training and **\$50 application fee** (non-refundable). Make checks payable to: Alabama Forestry Commission. Return this form, certificates and check to:

Alabama Forestry Commission  
Attn: Prescribed Burn Certification Program  
P.O. Box 302550  
Montgomery, AL 36130-2550

I certify that the above information is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant (signed)